



ST. Joseph's Candler
www.sjchs.org

COMPLETED RECEIVED TO HR

MAY 20 2014

MAY 19 2014

Leave of Absence Request Form

STEP 1. EMPLOYEE REQUEST

Name LAKEASHA SMITH Employee # 10994 ☐ FT
 Department SJ/LEN Supervisor/Director L. GRAFT ☒ PTB
 Requested Effective Date 5/2/14 Expected Date of Return May 6/19/14 ☒ PTR
 Address _____ ☐ PTC

REASON FOR REQUEST

☒ Employee illness/injury preventing functions of normal duties. Please describe condition below:

☐ Work related injury

☐ To Care for ☐ Spouse ☐ Child ☐ Parent with a serious health condition. Please describe below:

☐ Birth of child

☐ Placement of child for adoption or foster care

If reason checked above and you have worked a minimum of 1250 hours and 12 continuous months, you qualify for leave under the Family & Medical Leave Act of 1993. Please see reverse side for your rights under the Family & Medical Leave Act of 1993.

240 FMLA HOURS AVAILABLE

Other Reason for Request

☐ Personal _____

☐ Military

☐ Education

Employee Signature Laresha Smith Date 5/19/14

Supervisor/Director Signature Deborah Craft R Date 5/20/14

STEP 2. DISTRIBUTE WHITE COPY TO EMPLOYEE AND FORWARD YELLOW COPY TO HUMAN RESOURCES

STEP 3. RETURN TO WORK

Managers — Complete change request at the time the employee goes out on leave. At the time the employee returns to work submit another change request with supporting documentation.

